

**JUVENILE ATTORNEY OF THE WEEK
PAYMENT REQUEST**

1. Week Assigned: _____
2. Court Making Assignment: County Court 6
3. Services performed: (Indicate the dates there were no dockets)

A.	Juvenile Detention Docket (Monday Hearing)	_____ Yes	_____ No	\$300.00
B.	Juvenile Detention Docket (Wednesday Hearing)	_____ Yes	_____ No	\$300.00
C.	Juvenile Detention Docket (Thursday Hearing)	_____ Yes	_____ No	\$300.00
TOTAL:				_____

CERTIFICATION

I, JaPaula Kemp, Attorney at Law, swear or affirm to the Court and to the County Auditor that the information contained herein is true and correct. I swear or affirm that I have not received or will I receive any other money or anything else of value for representing any accused assigned to me at the dockets listed above during my term as Juvenile Attorney For The Week.

Attorney Signature

(Print Name)

Address: _____

Phone: _____

Bar No.: _____

Social Security No.: _____

ORDER

The Court finds that \$_____ is a reasonable and necessary attorney's fee for performing the above stated services and orders that same be paid to JaPaula Kemp, Attorney at Law, from the general fund of Fort Bend County, Texas.

Signed this _____ day of _____, 20_____.

Judge Presiding

- Attorney Substituted for _____
- Additional Attorney Appointed by Judge